

**PERFORMANCE PROGRESS REPORT
ACF-ACFY-FYSB-FVPS-SF-PPR COVER PAGE**

Family and Youth Services Bureau/Administration for Children and Families

Native American Tribal Programs

		Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number	
FVPSP/FYSB/ACYF/ACF/HHS		3b. EIN	
4. Recipient Organization (Name and Complete Address Including Zip Code)		5. Recipient Identifying Number or Account Number	
6. Project Reporting Period		8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date: (Month, Day, Year)	(Month, Day, Year)	9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)	
7. Reporting Period End Date (Month, Day, Year)			
10. Performance Narrative (performance narrative is covered in the attached PPR forms)			
11. Other Attachments (e.g. Performance Progress Report with aggregated subgrantee information)			
12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
12a. Typed or Printed Name and Title of Authorized Certifying Official		12c. Telephone (area code, number and extension)	
		12d. Email Address	
12b. Signature of Authorized Certifying Official		12e. Date Report Submitted (Month, Day, Year)	
		10. Agency Use Only	

PERFORMANCE PROGRESS REPORT
ACF-ACFY-FYSB-FVPS-SF-PPR Attachment B
Family Violence Prevention and Services Program
Family and Youth Services Bureau/Administration for Children and Families
U.S. Department of Health and Human Services
Native American Tribal Program Information

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1. Federal Agency and Organization Element to Which Report is Submitted FVPS/FYSB/ACYF/ACF/HHS	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	4. Reporting Period End Date (Month, Day, Year)
Tribal Program Information			
(1) Label	(2) Information Requested	(3) Response	(4) Explanation
FV-TP-101	Total Domestic Violence Budget		
FV-TP-102	FVPSA Grant Amount		
FV-TP-103	Number of Shelter Facilities		
FV-TP-104	Number of Non-Residential Service Sites		
FV-TP-105	Number of Volunteers		
FV-TP-106	Number of Volunteer Hours		
Performance Narrative			
FV-TP-107	For services supported in whole or in part by your FVPSA grant, share a story about a client, service or community initiative.	(please attach narrative response)	
FV-TP-108	What does the FVPSA grant allow you to do that you wouldn't be able to do without this funding?	(please attach narrative response)	
FV-TP-109	Describe, if applicable, any efforts supported in whole or in part by your FVPSA grant in meeting the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity or geographic isolation. Describe any ongoing challenges.	(please attach narrative response)	
FV-TP-110	Describe significant prevention and outreach activities, supported in whole or in part by your FVPSA grant, during the program year.	(please attach narrative response)	
FV-TP-111	(Optional) Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community.	(please attach narrative response)	

Note: This page can be duplicated

PERFORMANCE PROGRESS REPORT
ACF-ACFY-FYSB-FVPS-SF-PPR Attachment D
FVSP Table of Activity Results

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1. Federal Agency and Organization Element to Which Report is Submitted FVPS/FYSB/ACYF/ACF/HHS		2. Federal Grant or Other Identifying Number Assigned by Federal Agency		3a. DUNS			4. Reporting Period End Date (Month, Day, Year)	
				3b. EIN				
Section A—People Served (Unduplicated) Indicate the number of all clients served by gender, ethnicity, and age. Do not include clients served <i>only</i> in Batterers Intervention Services; count them in Section E.								
	Residential	Women	Men	Children	Youth IPV Victim			
FV-A-100	Unduplicated Count of Clients Served							
	Non-Residential	Women	Men	Children	Youth IPV Victim			
FV-A-200	Unduplicated Count of Clients Served							
	Race	Black or African American	American Indian/ Alaska Native	Asian	Hispanic or Latino	Native Hawaiian/ Other Pacific Islander	White	Unknown/ Other
FV-A-300	Clients							
	Gender	Female	Male	Not Specified				
FV-A-400	Clients							
	Age	0-17	18-24	25-59				
FV-A-500	Clients							
Section B—Residential Services Indicate the number of shelter nights for each person that arrives and is provided a shelter bed. Count the # of people housed X the number of nights.								
FV-B-100	Shelter Nights							
FV-B-200	Unmet Request for Shelter							

PERFORMANCE PROGRESS REPORT
ACF-ACFY-FYSB-FVPS-SF-PPR Attachment D
FVSP Table of Activity Results

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Section C—Related Services and Assistance for Adults

Indicate the number of service contacts and/or hours provided regardless of length. For states using time increments, report total hours in "Number of Hours" column provided.

	Crisis/Hotline Calls	Total Calls	
FV-C-100	Crisis/Hotline Calls		
	Supportive Counseling & Advocacy	Number of Service Contacts	Number of Hours
FV-C-200	Individual Supportive Counseling & Advocacy		
FV-C-201	Group Supportive Counseling & Advocacy		

Section D—Related Services and Assistance for Children

Indicate the number of service contacts and/or hours provided regardless of length. For states using time increments, report total hours in "Number of Hours" column provided.

	Supportive Counseling & Advocacy	Number of Hours	Number of Service Contacts	
FV-D-100	Individual			
FV-D-101	Group			
	Activities for Children & Youth	Number of Hours	Number of Service Contacts	
FV-D-200	Individual Activities			
FV-D-201	Group Activities			

Section E—Batterer Intervention Services

Indicate the number of service contacts and/or hours provided. Report only if these services are funded by FVPSA.

	Intervention/Counseling Services	Number of Clients	Number of Service Contacts	Number of Hours	
FV-E-100	Individual Counseling				
FV-E-101	Group Counseling				

Section F—Community Education and Public Awareness

Indicate the total number of training and community education presentations. Indicate the total number of individuals attending.

	Community Education	Number of Presentations	Number of Participants	
FV-F-100	Adults/General Population			
FV-F-101	Youth Targeted			
	Community Awareness Activities	Number of Activities		
FV-F-200	Awareness Activities			